



City of Brunswick
TRAFFIC CONTROL DEVICE

TO: Mayor and Council Date _____

FROM: _____

REQUESTOR ADDRESS: _____

PHONE: _____

Type of Traffic Control Requested:

Location: _____

Justification: _____

Police Recommendation: _____

Public Works Recommendation / Estimated Cost: _____

City Council: Approved____ Disapproved____ Vote _____ Date _____

Action Approved: _____

Action: To _____ Date _____

Completed _____ Date _____

Return to City Administrator when completed.